



बैंक ऑफ बरोडा Bank of Baroda



To,

The Coordinator,  
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	RINA MAZUMDER
DATE OF BIRTH	13-11-1974
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	23-11-2024
BOOKING REFERENCE NO.	24D92056100121268S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. MAZUMDER ARINDOM
EMPLOYEE EC NO.	92056
EMPLOYEE DESIGNATION	CUSTOMER SERVICE ASSOCIATE
EMPLOYEE PLACE OF WORK	KOLKATA, BANGUR AVENUE
EMPLOYEE BIRTHDATE	30-09-1970

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **12-11-2024** till **31-03-2025**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager**  
**HRM & Marketing Department**  
**Bank of Baroda**